

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1956

26608

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 743-A

| | | | | | | | | | |
|---|--|---|--|---|---|---|---|------------------------------------|--------------------------|
| 1. PLACE OF DEATH a. COUNTY Greene | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Houston | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital | | | Length of stay in lb 1 week | d. STREET ADDRESS (If outside, give location) No street address | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First TOBE Middle SPENCER Last ROBERTSON | | | | 4. DATE OF DEATH Month August Day 13 Year 1956 | | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Feb. 4, 1880 | | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Houston, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13. FATHER'S NAME Tom Robertson | | | | 14. MOTHER'S MAIDEN NAME Unknown | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT Address Addie Robertson, Houston, Missouri | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Inactivity and bed rest | | | | | | | 5 days | | |
| DUE TO (c) Fracture, intertrochanteric region, left femur | | | | | | | 5 days | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Squamous cell carcinoma, lower lip | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell from steps at home | | | 21. I attended the deceased from Aug 6, 1956 to Aug 13, 1956 and last saw her alive on Aug 13, 1956 Death occurred at 8:12 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 20c. TIME OF INJURY Hour 8 Month 6 Day 56 p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home | | 20f. CITY, TOWN, OR LOCATION Houston | | 20g. COUNTY Texas | 20h. STATE Mo. |
| 22a. SIGNATURE (Degree or title) Frank D. Sundstrom M.D. | | | | | | | 22b. ADDRESS Springfield, Mo. | 22c. DATE SIGNED 8-18-56 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE August 14, 1956 | 23c. NAME OF CEMETERY OR CREMATORY Unknown | | 23d. LOCATION (City, town, or county) (State) Houston, Missouri | | | | |
| 24. FUNERAL DIRECTOR Jewell E. Winkle | | | ADDRESS Springfield, Mo. | 25. DATE RECD. BY LOCAL REG. 8-20-56 | | 26. REGISTRAR'S SIGNATURE Frank Williamson | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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F. T.
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Bernard J. Wright*

Licensed Embalmer No. *42*

P. O. Address *Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.